

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416

Consumer Service Telephone No. 1-800-729-8505

Form No. 7-P-Q-WI

First-Year Commission: Ages: 18-64 51%
65-69 48%
70-74 42%
75-79 39%
80-84 35%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
and \$50/Day Home Health Care
(Optional Benefits Not Included)
Preferred Plus Rate Class**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 371.00	\$ 323.00	50	\$ 561.00	\$ 488.00
65	923.00	803.00	65	1,406.00	1,223.00
70	1,466.00	1,275.00	70	2,251.00	1,958.00
75	2,536.00	2,205.00	75	3,873.00	3,368.00
80	4,157.00	3,615.00	80	6,236.00	5,423.00

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	0%, 50%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 8 years or lifetime	2, 3, 4, 5, 8 years or lifetime
Elimination Period	7, 30, 60, 90, or 180 days	7, 30, 60, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
Alternative Plan of Care
Assisted Living Facility
Bed Reservation
Care Coordination
Caregiver Training
Hospice Care
Respite Care
Spousal Discount
Waiver of Premium

**Optional Benefits for
Additional Premium**

Death Benefit
Inflation Protection
Nonforfeiture Benefit
Paid-up Survivor
Restoration of Benefits
Return of Premium

Kanawha Insurance Company
210 South White Street, P.O. Box 610
Lancaster, SC 29720

Consumer Service Telephone No. 1-800-635-4252

Form No. 82000 1/01 WI

First-Year Commission: Ages: 16-79 76%
80-84 67% (2-year benefit only)

Preexisting Condition Waiting Period: None

Health History Requested: General health questions

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

**Annual Premium for \$100/Day Nursing Home Benefit
and \$50/Day Home Health Care
(Optional Benefits Not Included)**

3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 240.00	\$ 215.00	50	\$ 404.00	\$ 362.00
65	784.00	702.00	65	1,082.00	969.00
70	1,435.00	1,285.00	70	1,811.00	1,621.00
75	2,730.00	2,444.00	75	3,268.00	2,927.00
80	N/A	N/A	80	N/A	N/A

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$60 - \$250 per day
Benefit Period	2, 3, 4 years or lifetime	2, 3, 4 years or lifetime
Elimination Period	0, 30, 90, or 180 days	0, 30, 90, or 180 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care
Alternative Plan of Care
Assisted Living Facility
Bed Reservation
Hospice Care
Restoration of Benefits

**Optional Benefits for
Additional Premium**

Guaranteed Purchase
Inflation Protection
Instrumental Activities of Daily Living
Nonforfeiture Benefit
Paid-up Survivor
Respite Care
Return of Premium
Spousal Discount
Waiver of Premium

WEA Insurance Corporation
45 Nob Hill Road
Madison, WI 53713

Consumer Service Telephone No. 1-608-276-4000 **Form No.** IC LGL 2929-255-0702
Tax-Qualified

First-Year Commission: 0 **Preexisting Condition Waiting Period:** None

Health History Requested: No health questions for employees; health questions asked
for employees' spouses

Claim Payment Method: 75% of actual charges up to benefit limit

Activities of Daily Living (ADLs) Required: 3

Annual Premium for LTC Coverage

As part of the WEACARE Package:

\$40.00 a month/\$480.00 a year

As part of the WEACARE II Package:

\$43.10 a month/\$517.20 a year

As a freestanding policy:

\$46.20 a month/\$554.40 a year

Note: Premium is not rated on age, sex, or benefit period. Premium cited is cost per employee (including spouse if spouse qualifies).

Maximum lifetime benefit for each covered participant is \$244,334.00.

Nursing Home Care

Home Health Care

Daily Benefit Amount	75% of actual charges up to a maximum of \$163.22 per day	75% of actual charges up to \$163.22 per day
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Benefit Period	Unlimited, but subject to lifetime maximum	Unlimited, but subject to lifetime maximum
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Elimination Period	30 days	30 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**

Adult Day Care	Hospice Care
Alternative Plan of Care	Inflation Protection
Assisted Living Facility	Paid-up Survivor
Bed Reservation	Respite Care
Care Coordination	Return of Premium
Case Management	Spousal Discount
Guaranteed Purchase	Waiver of Premium

**Optional Benefits for
Additional Premium
Nonforfeiture Benefit**